Application or Docket Number

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		CLAIMS AS	S FILED - (Column		(Colu	mn 2)	SM	ALL ER	ππ <b>γ</b>	OR	OTHER SMALL I	
OTAL CLAIMS			4				F	RATE	FEE		RATE	FEE
0	R		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710 00
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	C	LAIMS AS A	MENDEL	) - PAR	T ((			OIAL		JUN	OTHER	<u>7/0</u> THAN
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
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	,	(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	IEST IBER OUSLY		AD(	TOTAL DIT FEE	TIONAL	H	YOTAL	TIONA
		(Column 1) CLAIMS REMAINING	Minus	HIGH NUM PREVI	IEST BER	PRESENT	ADO	TOTAL DIT FEE		OR	TOTAL ADDIT FEE:	4
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